



# CHAPERONE AGREEMENT

*In order to secure your booking, please complete this form and send to Uniropa by fax or post with your initial deposit, per participant, as outlined in your quote. **PLEASE PRINT***

*Please ensure that information entered on this form is accurate and as it appears on your government issued travel documents.*

## **GROUP & GROUP LEADER INFORMATION :**

Group / School Name :

Date of Travel :

Group Leader (*first / middle / last*) :

Title (*Mr / Mrs / Ms*) :

Date of Birth (MO / DAY / YR) :

Gender :

Passport # :

Country of Issue :

Expiry Date :

Do You Require Travel Insurance Through Uniropa : Yes / No

Do You Require a Single Room (*supplement applies*) : Yes / No

Dietary Concerns : Yes / No      If yes, explain .....

Medical Condition : Yes / No      If yes, explain .....

Emergency Contact Number Where We Can Reach You While on Tour :

### ***School Mailing Address :***

City :

State / Province :

Zip/Postal Code :

School # :

School Fax :

School Principal :

### ***Home Mailing Address :***

City :

State / Province :

Zip/Postal Code :

Home # :

Emergency # :

Personal Email :

## **BOOKING INFORMATION**

### **1) Participant Cancellation**

- **Medical Cancellation** - Included in the cost is a \$35 CWF or "Cancellation Waiver Fee", which is mandatory for all participants. The CWF of \$35 is non-refundable and provides a full refund to the participant (*less applicable supplier deposits/payments on behalf of the participant*) for the costs of the tour due to illness, accident, or death to the participant or the participants immediate family (*brother/sister/mother/father/grandparents*) before the trip (*cancellations made within 45 days of departure are non-refundable*). **MEDICAL CERTIFICATE REQUIRED**

**Non-Medical Cancellation** - For non medical cancellations, the penalties for cancellation **after** the initial non-refundable deposit is as follows :

*90 Days or More Pre Departure : \$250 Cancellation Penalty*

*89 - 46 Days Pre Departure : \$500 Cancellation Penalty*

***45 Days or Less Pre Departure : No Refund***

*Please note, participant substitutions are permitted and are subject to any name change fees imposed by our suppliers.*

### **2) Flight Deviations**

If any member of your group requires an alternate *outbound* or *return* flight date, please advise us of the name of the participant and their desired travel schedule ASAP. For each flight deviation, there will be a \$50 administration charge, plus any fees or penalties imposed by the air carrier and charged to the participant. All requests must be done in writing and will not be processed **45 days** prior to the group's departure, as ticketing for the group will be completed.

### **3) Travel Insurance**

It is ***highly recommended*** that each participant purchase medical or fully comprehensive travel insurance before departure. Uniropa offers both medical and fully comprehensive insurance packages for participants. Please advise Uniropa of any participant who will require insurance and what type of insurance they wish to purchase.

Upon receiving the *Participant Application*, insurance will be purchased as indicated on the form. Once insurance is purchased it is non-refundable and non-transferable.

### **4) Rooming Requirements**

Students and paying adults are accommodated 4 per room. Triples are available, only when numbers do not divide evenly. Teacher chaperones are accommodated in double rooms. Single rooms for teacher chaperones are available at the same single room supplement rate as paying participants. Supplements for students or paying adults that wish to stay in a single or double room are as follows :

*Single Room Supplement : \$90 per room / per night*

*Double Room Supplement : \$75 per room / per night*

*Quebec Carnaval - Single Room Supplement : \$125 per room / per night*

*Quebec Carnaval - Double Room Supplement : \$100 per room / per night*

The *Rooming List* form is due a minimum of **60 days** prior to departure. If not received at least 60 days prior to departure, Uniropa will allocate participants into rooms and issue the document to our suppliers.

### **5) Deposit & Payments**

Please make all cheques and payments payable to **Uniropa Inc.** Along with your initial **deposit**, please send us a completed *List of Participants Form / Chaperone Agreement Form & Participant Application Form* for each traveler on deposit.

Please note, your payment schedule, as outlined on your quote, is set in conjunction with our suppliers for your particular group and travel date, therefore it is essential that payments are received no later than the date outlined on your quote. **Please note, late payments, per due date, will be subject to a \$20 per person late payment fee.**

## Acceptance of Responsibility

UNIROPA INC. will organize the program and make arrangements for transportation, accommodations, tours, and meals, as outlined on the day-by-day itinerary or quote provided to each group leader, who is in charge of the group. Of necessity, to make such arrangements, UNIROPA must contract the services of a variety of companies. It is understood that UNIROPA INC. has no direct control over such companies and is subject to their operation protocol, rules, and regulations.

UNIROPA INC. gives notice that it acts only as an agent of the group leader and participants. It undertakes the arrangements of the program on the sole condition that UNIROPA INC. shall not be held responsible for any injury, accident, delay, property damage, or irregularity which may be occasioned through acts of default of any company and/or person(s) engaged in conveying the participant or carrying out the arrangement of the program or otherwise in connection herewith, or hotel, proprietor or supplier, or by reason of defect of any mode of transportation, or by inclement weather, social unrest, terrorist activities, strikes, government restrictions, or acts of God.

UNIROPA INC. shall not be held responsible for loss of passport, airline/rail tickets or other travel related documents, or loss or damage to luggage or any belongings whatsoever of each participant.

Liability of transportation companies, residence/hotel companies, and all other services connected with the program applied for, is governed by the laws of the country in which the events take place, and such liability is subject to the condition and regulations upon which the transportation tickets, coupons, or vouchers are issued.

Representatives duly appointed by UNIROPA INC. are to be considered as the FINAL authority in ALL details pertaining to the program. UNIROPA INC. reserves the right to alter the program or make changes or substitutions deemed to be in the group's best interest and to make final decisions on rooming arrangements and hotels assigned to the group.

UNIROPA INC. reserves the right to dismiss or relieve from further participation any participant whose conduct or actions are found to be detrimental to the successful completion of the program. Participants who become a serious discipline problem will be sent home at their own expense. Further, hotel management has served notice that any and all participant(s) will be held responsible for any and all damage to hotel or supplier property.

In signing this acceptance of responsibility, the applicant thereby releases UNIROPA INC., group leaders, accompanying chaperones, appointees and sub agents of UNIROPA INC., the applicants school, the applicants school board, and each of them from all claims and demands whatsoever which the applicant or his/her heirs, executors, administrators or assigns may have against them or any of them by reason of any aforesaid matters.

Airlines frequently have schedule changes and impose fuel surcharges. The applicant is responsible for any and all fees or surcharges imposed on Uniropa Inc. by any of its supplier, throughout the booking process or on location. Once on deposit, the applicant is on contract with UNIROPA INC. not with any of its suppliers.

**I have read the "Acceptance of Responsibility" in its entirety and am in full agreement with the guidelines and conditions of UNIROPA INC. and the "Acceptance of Responsibility" information. I agree and accept the conditions of the "Acceptance of Responsibility" set by Uniropa Inc.**

Signature of Student or Adult Participant :

Date :

Signature of Parent or Legal Guardian :

Date :